MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017525
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3983**

FILED APR 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis — Length of stay in 1b **1yr283dys**
c. FULL NAME OF HOSPITAL OR INSTITUTION (if NOT in hospital, give location) Chronic Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 217 E. Schirmer (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edward Middle Last Cullinan
4. DATE OF DEATH Month April Day 8 Year 1963
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 9-13-92
9. AGE (last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman.
10b. KIND OF BUSINESS OR INDUSTRY Unk.
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Patrick Cullinan.
13b. MOTHER'S MAIDEN NAME Mary Ann Fleming.
14. NAME OF HUSBAND OR WIFE None.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Loretta U. Callinan. 217 E. Schirmer — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent Pneumonia Rt. Lung

PART III. IF deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6-29-61 to 4-8-63 and last saw him alive on 4-8-63 m. on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at 9:10 AM

22a. SIGNATURE (Degree or title) Wm Huggins, M.D.
22b. ADDRESS 634 N. Grand
22c. DATE SIGNED 4-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-11-63
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive.
23d. LOCATION (City, town, or county) St. Louis, County (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home. 6322 S. Grand Blvd.
25. DATE RECD. BY LOCAL REG. APR 9 1963
26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _David Van Fossan_
        Signature of Student Embalmer

                                                   Licensed Embalmer No. 4242

                                                   P. O. Address St. Louis Mo
                                                   6321 S Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
-- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.